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UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

William E. Harris III
LAVEENYA STALS

(Enter above the full name
of the plaintiff or plaintiffs in
this action)

vs.

MERLY HOSPITAL

(Enter above the full name of ALL
defendants in this action. Do not
use "et al.")

CHECK ONE ONLY:

- ☒ **COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983**
U.S. Code (state, county, or municipal defendants)
- ☐ **COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE**
28 SECTION 1331 U.S. Code (federal defendants)
- ☐ **OTHER (cite statute, if known)**

BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.

RECEIVED

JAN 11 2016 EAG
1-11-16
THOMAS G. BRUTON
CLERK, U.S. DISTRICT COURT

16-cv-0381
Case Judge Milton I. Shadur
(To Magistrate Judge Susan E. Cox
PC6

I. Plaintiff(s):

- A. Name: William E. Harris III
- B. List all aliases: N/A
- C. Prisoner identification number: 20140530283
- D. Place of present confinement: COOK COUNTY Jail
- E. Address: P.O. Box 089002 Chicago, IL 60608

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, place of confinement, and current address according to the above format on a separate sheet of paper.)

II. Defendant(s):

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

- A. Defendant: Mercy Hospital
Title: ANESTHESIOLOGIST
Place of Employment: Mercy Hospital
- B. Defendant: Mercy Hospital
Title: ADMINISTRATOR
Place of Employment: Mercy Hospital
- C. Defendant: _____
Title: _____
Place of Employment: _____

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:

- A. Name of case and docket number: N/A
- B. Approximate date of filing lawsuit: N/A
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: N/A
- D. List all defendants: N/A
- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): N/A
- F. Name of judge to whom case was assigned: N/A
- G. Basic claim made: N/A
- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): N/A
- I. Approximate date of disposition: N/A

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. **Do not give any legal arguments or cite any cases or statutes.** If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

IN THE SUMMER OF 2015 MY DAUGHTER WENT TO MERCY HOSPITAL ON 26th MICHAEL ON CHICAGO'S SOUTH SIDE FOR A OUTPATIENT EYE SURGERY. THE HOSPITAL'S ANESTHESIOLOGIST ADMINISTERED MEDICATION BEFORE THE SURGERY WHICH IS A NORMAL PRACTICE FOR ANY TYPE OF INPATIENT OR OUTPATIENT TREATMENT OR SURGERY CONDUCTED AT A HOSPITAL OR CLINIC. HOWEVER IN THIS CASE MY DAUGHTER NEVER RECOVERED FROM THE PROCESS. I'm the biological father of LAKEENYA STEAKS 34, AND I WANT TO FILE A LAWSUIT FOR WRONGFUL DEATH.

William G. Harriott